

## **HEALTH AND SENIOR SERVICES**

### **DIVISION OF HEALTH CARE QUALITY AND OVERSIGHT**

#### **DIVISION OF LONG TERM CARE SYSTEMS**

##### **Health Care Facility Licensure and Inspection Fees**

**Proposed Amendments:** N.J.A.C. 8:36-2.2; 8:39-2.2, 2.11 and 2.12;  
8:43-2.1; 8:43A-2.2; 8:43F-1.3; 8:43G-2.2;  
and 8:43H-2.5

**Authorized By:** Clifton R. Lacy, M.D., Commissioner, New Jersey Department of Health and Senior Services (with the approval of the Health Care Administration Board).

**Authority:** N.J.S.A. 26:2H-1 et seq., as amended by P.L.1998, c.43

**Calendar Reference:** See Summary below for explanation of exception to calendar requirement.

**Proposal Number:** PRN 2003-433

**Submit written comments by December 19, 2003 to:**

John Calabria, Director  
Certificate of Need and Acute Care Licensure Program  
P.O. Box 360, Room 403  
Trenton, NJ 08625-0360

**The agency proposal follows:**

#### **Summary**

Health care facilities are inspected and licensed by the Department of Health and Senior Services (the Department) in accordance with N.J.A.C. 8:36, 8:39, 8:43, 8:43A, 8:43F, 8:43G and 8:43H. These rules set forth minimum standards intended to protect the health, safety, and general welfare of residents and patients who require services in these various facility types. The Department sets fees for the filing of an

application for licensure and each annual licensure renewal according to type of facility.

As a result of 1998 legislation (P.L.1998, c.43) that deregulated many facilities and services from the requirement to obtain a certificate of need (CN), there has been an over 80 percent increase in the number of providers and services. This has resulted in an increase in the number and complexity of facility inspections, as well as the number of applications for new or amended licenses to be reviewed by Department staff. Finally, growth in the number of facilities has also been accompanied by growth in the number of complaints to be investigated. Fee increases adopted in 1999 have not kept pace with the increased demands for Departmental oversight.

The licensure application process includes review of the licensure application, which requires examining such abilities of the applicant as the competence and capacity to comply with licensure requirements; evaluation of waiver request determinations; evaluation of the physical plant; interpretation/explanation of all requirements of the licensing process. A pre-application technical assistance conference with Department staff is afforded each applicant who requests it. Once all documentation requirements have been satisfied, an on-site inspection of the facility is required before licensure can occur. Once new facilities/services begin operating, a second on-site inspection is required in order for the facility to participate in the federal Medicare program.

The State provides oversight of health care facilities through licensing requirements, backed up by effective inspection, complaint investigation, and strong enforcement.

Importantly, CN deregulation legislation recognized the likely impact on the need for oversight of a larger number of facilities by authorizing an increase in the maximum annual licensure fee from \$2,000 for all facilities to \$10,000 for hospitals and \$4,000 for all other facilities. It also authorized a maximum biennial inspection fee of \$5,000 for hospitals and \$2,000 for all other facilities. This latter fee is not charged to nursing homes, since there is Federal reimbursement for annual inspections of these facilities, but is charged to all other facilities.

The inspection fee is charged biennially and billed to existing facilities in the year they are to be inspected, along with the licensure fee for that year. It is also added to the initial licensure fee for new facilities.

In 1998, the Department had a total of approximately 1,100 facilities. Today there are over 1,900 facilities, an increase of over 80 percent. Additionally, many existing facilities, particularly hospitals, are adding new services that require licensure and inspection. Finally, each year the Department conducts roughly 2,000 State and 1,000 Medicare surveys and investigates over 3,500 complaints.

Fees were last raised in 1999 and, at that time, the Department chose not to impose the maximum licensing fees permitted by statute in any facility type. However, the continued increase in the number of facilities/services requiring licensure, inspection, and complaint investigation has resulted in a workload that exceeds the available resources. Thus, the Department is proposing to increase the licensing and inspection fees for selected facility types. This is necessary to maintain oversight of facility compliance with licensure standards. The proposed fee increases are expected to generate an additional \$3 million in annual revenue, which will be used to support the inspection, licensing and complaint investigation processes.

The proposed amendments address revised licensure and inspection fees for the following types of facilities: assisted living residences and comprehensive personal care homes (N.J.A.C. 8:36); long term care facilities (N.J.A.C. 8:39); residential health care facilities (N.J.A.C. 8:43); sleep centers, ambulatory surgical facilities, end-stage renal dialysis facilities, and ambulatory care facilities providing magnetic resonance imaging, computerized axial tomography, positron emission tomography, extracorporeal shock wave lithotripsy, orthotripsy, and radiation oncology services (N.J.A.C. 8:43A); adult and pediatric day health services (N.J.A.C. 8:43F); hospitals (N.J.A.C. 8:43G); and rehabilitation hospitals (N.J.A.C. 8:43H). The specific fee revisions are discussed below for each type of facility. No fees are being raised for facility types whose operations are generally small and/or which play an important role in assuring community access to services. These facilities include: family planning, abortion, birth center, comprehensive outpatient rehabilitation, drug abuse treatment (inpatient and outpatient), primary care centers, home health agencies, hospice care providers, alternate family care sponsor agencies, maternal and child health consortia, and

satellite emergency departments. In addition to the proposed increases in the licensing and inspection fees, the proposal also increases fees for various types of amendments to the license, such as the addition/subtraction of beds or services, transfers of ownership and relocations. These fee increases are a 50 percent increase from a relatively small base fee.

**Assisted living residence, comprehensive personal care homes and assisted living programs:** At N.J.A.C. 8:36-2.2(d), an increase in the initial licensing fee and for each annual renewal of an assisted living residence or comprehensive personal care home from \$1,000 plus \$10.00 per bed to \$1,500 plus \$15.00 per bed is proposed. A proposed amendment to N.J.A.C. 8:36-2.2(m) changes the biennial inspection fee for these facilities from \$1,000 to \$1,500. At N.J.A.C. 8:36-2.2(j), an increase in the initial licensing fee and for each annual renewal of an assisted living program from \$750.00 to \$1,125 is proposed. A proposed amendment to N.J.A.C. 8:36-2.2(n) changes the biennial inspection fee from \$500.00 to \$750.00.

At N.J.A.C. 8:36-2.2(e), an increase in the fee for the filing of an application to add bed or non-bed related services to an existing assisted living residence or comprehensive personal care home from \$500.00 to \$750.00 is proposed. At N.J.A.C. 8:36-2.2(f), an increase in the fee for the filing of an application to reduce bed or non-bed related services at an existing assisted living residence or comprehensive personal care home from \$250.00 to \$375.00 is proposed. At N.J.A.C. 8:36-2.2(g), an increase in the fee for the filing of an application for the relocation of an assisted living residence or comprehensive personal care home from \$250.00 to \$375.00 is proposed. At N.J.A.C. 8:36-2.2(h), an increase in the fee for the filing of an application to transfer the ownership of one of these facility types from \$1,000 to \$1,500 is proposed.

**Long term care facilities:** At N.J.A.C. 8:39-2.2(b), an increase in the initial licensing fee and each annual renewal from \$1,000 plus \$10.00 per bed to \$1,500 plus \$15.00 per bed is proposed. At N.J.A.C. 8:39-2.2(b) and 2.11(b), an increase in the fee to add beds to increase a long term care facility's license from \$1,000 plus \$10.00 per bed to \$1,500 plus \$15.00 per bed is proposed. At N.J.A.C. 8:39-2.12(b)1, an increase in the transfer of ownership fee from \$2,000 plus \$10.00 per bed to \$2,500 plus \$15.00 per bed is proposed. In addition, amendments to N.J.A.C. 8:39-2.2(b) also include an increase in the fee for licensure of hemodialysis

services provided by the long term care facility from \$750.00 to \$1,125; an increase in the fee for licensure of hemodialysis services provided by a separate provider from \$500.00 to \$750.00; and an increase in the fee to relocate a facility from \$250.00 to \$375.00.

**Residential health care facilities:** At N.J.A.C. 8:43-2.1(b), it is proposed that the initial licensing fee and each annual renewal be increased from \$150.00 plus \$10.00 per bed to \$225.00 plus \$15.00 per bed. At N.J.A.C. 8:43-2.1(d), an increase in the fee for the filing of an application to add beds or services to an existing residential health care facility from \$500.00 to \$750.00 is proposed. At N.J.A.C. 8:43-2.1(e), an increase in the fee for the filing of an application to reduce beds or services at an existing residential health care facility from \$100.00 to \$150.00 is proposed. At N.J.A.C. 8:43-2.1(f), an increase in the fee for the filing of an application for the relocation of an existing residential health care facility from \$250.00 to \$375.00 is proposed. At N.J.A.C. 8:43-2.1(g), an increase in the fee for the filing of an application for the transfer of ownership of a residential health care facility from \$500.00 to \$750.00 is proposed. A proposed amendment to N.J.A.C. 8:43-2.2(i) changes the biennial inspection fee from \$300.00 to \$450.00.

**Ambulatory care facilities:** At N.J.A.C. 8:43A-2.2(b), an increase in the initial licensure fee from \$2,500 to \$4,000 is proposed for the following facility types: ambulatory surgery, chronic renal dialysis, and megavoltage radiation oncology; an increase in the initial licensure fee from \$2,000 to \$4,000 is proposed for the following facility types: computerized axial tomography and magnetic resonance imaging; and an increase in the initial licensure fee is proposed from \$1,750 to \$4,000 for positron emission tomography, extracorporeal shock wave lithotripsy, orthotripsy, and sleep centers. Positron emission tomography, orthotripsy, and sleep centers are newly added as specific facility types, with an initial licensure fee of \$4,000.

In addition, the annual licensure renewal fees for the various facility types noted above are proposed for increase as follows: ambulatory surgery, chronic renal dialysis and megavoltage radiation oncology from \$2,500 to \$4,000; computerized axial tomography and magnetic resonance imaging from \$1,000 to \$4,000; positron emission tomography, extracorporeal shock wave lithotripsy, orthotripsy, and sleep centers from \$750.00 to \$4,000. At N.J.A.C. 8:43A-2.2(e), an increase in the initial application and renewal fees for services not specifically listed in N.J.A.C.

8:43A-2.2(b) from \$1,750 and \$750.00 respectively to \$3,500 and \$2,500 is proposed. At N.J.A.C. 8:43A-2.2(h), an increase in the fee for the filing of an application to reduce services at an ambulatory care facility from \$250.00 to \$375.00 is proposed. At N.J.A.C. 8:43A-2.2(i), an increase in the fee for the filing of an application for the transfer of ownership of an ambulatory care facility from \$1,000 to \$1,500 is proposed. At N.J.A.C. 8:43A-2.2(j), an increase in the fee for the filing of an application for ambulatory care facility relocation from \$250.00 to \$375.00 is proposed. "In accordance with N.J.A.C. 8:33-4.10(d)1 through 11" is added at the beginning of N.J.A.C. 8:43A-2.2(l) to clarify that the track record rules in N.J.A.C. 8:33-4.10(d) apply to applicants for all types of ambulatory care facilities. At N.J.A.C. 8:43A-2.2(m), an increase in the biennial inspection fee from \$1,000 to \$2,000 is proposed for certain ambulatory facility types (magnetic resonance imaging, computerized axial tomography, and extracorporeal shock wave lithotripsy); biennial inspection fees are added for orthotripsy (\$2,000), positron emission tomography (\$2,000) and sleep center (\$1,000); and an "other" category is added for facility types not specifically noted, with a biennial inspection fee of \$1,000. In addition, the inspection fee for megavoltage radiation oncology is corrected from the incorrectly \$2,500 to \$2,000.

**Adult and pediatric day health services:** At N.J.A.C. 8:43F-1.3(a)1, an increase in the initial licensing fee and for each annual renewal from \$1,000 to \$1,500 plus \$10.00 per slot is proposed. At N.J.A.C. 8:43F-1.3(a)2, an increase in the fee to add services or slots to an existing facility from \$1,000 to \$1,500 plus \$10.00 per additional slot is proposed. At N.J.A.C. 8:43F-1.3(a)3, an increase in the fee for the filing of an application to reduce services at an existing adult or pediatric day health services facility from \$250.00 to \$375.00 is proposed. At N.J.A.C. 8:43F-1.3(a)4, an increase in the fee for the filing of an application for the relocation of an adult or pediatric day health services facility from \$250.00 to \$375.00 is proposed. At N.J.A.C. 8:43F-1.3(a)5, an increase in the fee for the filing of an application for the transfer of ownership of an adult or pediatric day health services facility from \$1,000 to \$1,500 is proposed. A proposed amendment to N.J.A.C. 8:43F-1.3(a)7 changes the biennial inspection fee from \$300.00 to \$450.00.

**Hospitals:** At N.J.A.C. 8:43G-2.2(b), the initial application fee and each annual renewal fee are proposed to be increased from \$8,000 to \$10,000. At N.J.A.C. 8:43G-2.2(c), an increase in the fee for the filing of an application to add services to an existing hospital from \$2,000 to

\$3,000 is proposed. At N.J.A.C. 8:43G-2.2(d), an increase in the fee for the filing of an application to reduce hospital services from \$250.00 to \$375.00 is proposed. At N.J.A.C. 8:43G-2.2(e), an increase in the fee for the filing of an application for the relocation of a hospital from \$1,000 to \$1,500 is proposed. At N.J.A.C. 8:43G-2.2(f), an increase in the fee for the filing of an application for the transfer of ownership of a hospital from \$1,000 to \$1,500 is proposed. A proposed amendment in N.J.A.C. 8:43G-2.2(g) increases the biennial inspection fee from \$4,000 to \$5,000.

**Rehabilitation hospitals:** At N.J.A.C. 8:43H-2.5(a), the initial application fee and each annual renewal fee are proposed to be increased from \$8,000 to \$10,000. Proposed amendments in N.J.A.C. 8:43H-2.5(a) and at new subsection (i) increase the biennial inspection fee from \$4,000 to \$5,000. In addition, the Department proposes the addition of new N.J.A.C. 8:43H-2.5(j) through (m). These establish fees for the filing of licensing applications to: in subsection (j), add beds or services with a fee of \$3,000; in subsection (k), reduce beds or services with a fee of \$375.00; in subsection (l), relocate with a fee of \$1,500; and in subsection (m), transfer ownership with a fee of \$1,500. It is noted that the aforementioned reincorporate fees that were inadvertently omitted from the current text of N.J.A.C. 8:43H.

The following biennial inspection fees, by type of facility, are proposed for increase as follows:

<b><u>N.J.A.C. Cite</u></b>	<b><u>Facility Type</u></b>	<b><u>Current Fee</u></b>	<b><u>Proposed Fee</u></b>
8:36-2.2(m)	Assisted living residences	\$1,000	<b>\$1,500</b>
	Comprehensive personal care homes	\$1,000	<b>\$1,500</b>
8:36-2.2(n)	Assisted living program	\$ 500	<b>\$ 750</b>
8:43-2.2(i)	Residential health care	\$ 300	<b>\$ 450</b>
8:43A-2.2(m)	Ambulatory care		
	Computerized <b>axial</b> tomography	\$1,000	<b>\$2,000</b>
	Lithotripsy	\$1,000	<b>\$2,000</b>
	Magnetic resonance imaging	\$1,000	<b>\$2,000</b>
	<b>Orthotripsy</b>		<b>\$2,000</b>
	<b>Positron emission tomography</b>		<b>\$2,000</b>
	<b>Sleep centers</b>		<b>\$1,000</b>

	<b>Other</b>		<b>\$1,000</b>
8:43F-1.3(a)7	Adult and pediatric day health care	\$ 300	<b>\$ 450</b>
8:43G-2.2(g)	Hospitals (acute general, special and psychiatric)	\$4,000	<b>\$5,000</b>
8:43H-2.5(i)	Rehabilitation hospitals	\$4,000	<b>\$5,000</b>

Differences in the above proposed inspection fees are based upon the Department's determination of the time and complexity of the required inspection process. The inspection fee for megavoltage radiation oncology facilities is incorrectly listed in the regulation as \$2,500 and is being changed to reflect the statutory maximum of \$2,000.

Because a 60-day comment period has been provided on this notice of proposal, this notice is excepted from the rulemaking calendar requirement of N.J.A.C. 1:30-3.3(a)5.

### **Social Impact**

Surveillance of health care facilities for compliance with licensure requirements and the development and maintenance of effective licensure standards are essential components of the Department's effort to ensure the quality of health care that is provided by these facilities. The primary intent of the proposed amendments is to ensure that an appropriate level of resources is available to the Department to maintain an effective level of oversight of New Jersey's health care facilities. This process includes various licensing activities, routine inspections and resurveys of existing facilities, initial inspections of new facilities, and inspections related to complaint investigations. This effort has become more complex and time-consuming subsequent to CN reform with the increase in both the number of new health care providers, as well as in activities of existing providers, all of which require inspection and licensure by the Department.

### **Economic Impact**

The revenue collected as a result of increased licensure fees and new biennial inspection fees will assure that the Department has sufficient resources to license and perform initial surveys for new providers; to



renew licenses annually; to provide timelier response to complaints from consumers; and to develop and maintain appropriate licensure standards.

Licensing and inspection fees have not been increased since 1998, and the proposed increases are within the limits currently set by statute. The Department does not anticipate that the proposed fee increases or the new inspection fees will present a financial hardship for facilities or consumers. Relative to the business activity of these facilities, the proposed fee increases have a *de minimus* impact. Moreover, the Department has been careful to avoid raising fees for smaller facilities less likely to be able to absorb them easily.

Hospitals will be assessed a greater increase in fees than any other health care facility. However, hospitals have, by far, the most complex array of services and physical plants, which require Department staff to expend a greater a greater amount of time, personnel and effort to carry out its licensing and inspection responsibilities. In addition, hospitals typically generate the most revenue of all health care facilities, permitting them to more readily absorb the increased fees.

The changes in the licensing application and annual renewal fees for each category of health care facility affected are as follows:

#### INITIAL LICENSURE AND ANNUAL RENEWAL FEES

<u>Facility Type</u>	<u>Current Initial Licensure Fee</u>	<u>Proposed Initial Licensure Fee</u>	<u>Current Annual Renewal Fee</u>	<u>Proposed Annual Renewal Fee</u>
Assisted living residence	\$1,000	\$1,500	\$1,000	\$1,500
	plus	plus	plus	plus
	\$10/bed	\$15/bed	\$10/bed	\$15/bed
Comprehensive personal care home	\$1,000	\$1,500	\$1,000	\$1,500
	plus	plus	plus	plus
	\$10/bed	\$15/bed	\$10/bed	\$15/bed
Assisted living program	\$ 750	\$1,125	\$750	\$1,125
Long term care	\$1,000	\$1,500	\$1,000	\$1,500
	plus	plus	plus	plus
	\$10/bed	\$15/bed	\$10/bed	\$15/bed
Residential health care	\$ 150	\$ 225	\$ 150	\$ 225
	plus	plus	plus	plus

	\$10/bed	\$15/bed	\$10/bed	\$15/bed
Adult and pediatric day health	\$1,000	\$1,500	\$1,000	\$1,500
		plus		plus
		\$10/slot		\$10/slot
Ambulatory care				
Ambulatory surgery	\$2,500	\$4,000	\$2,500	\$4,000
Chronic dialysis	\$2,500	\$4,000	\$2,500	\$4,000
Computerized axial tomography	\$2,000	\$4,000	\$1,000	\$4,000
Lithotripsy	\$1,750	\$4,000	\$ 750	\$4,000
Magnetic resonance imaging	\$2,000	\$4,000	\$1,000	\$4,000
Megavoltage radiation	\$2,500	\$4,000	\$2,500	\$4,000
Orthotripsy	\$1,750	\$4,000	\$ 750	\$4,000
Positron emission tomography	\$1,750	\$4,000	\$ 750	\$4,000
Sleep centers	\$1,750	\$4,000	\$ 750	\$4,000
Other	\$1,750	\$3,500	\$ 750	\$2,500
Hospitals (general, special, psychiatric)	\$8,000	\$10,000	\$8,000	\$10,000
Rehabilitation hospitals	\$8,000	\$10,000	\$8,000	\$10,000

### INSPECTION FEES

<u>Facility Type</u>	<u>Current Inspection Fees</u>	<u>Proposed Inspection Fees</u>
Assisted living residence	\$1,000	\$1,500
Comprehensive personal care home	\$1,000	\$1,500
Assisted living program	\$ 500	\$ 750
Residential health care	\$ 300	\$ 450
Adult and pediatric day health	\$ 300	\$ 450
Ambulatory care		
Ambulatory surgery	\$2,000	No change
Chronic dialysis	\$2,000	No change
Computerized axial tomography	\$1,000	\$2,000
Lithotripsy	\$1,000	\$2,000
Magnetic resonance imaging	\$1,000	\$2,000
Megavoltage radiation	\$2,500	\$2,000
Orthotripsy	*	\$2,000
Positron emission tomography	*	\$2,000
Sleep centers	*	\$1,000

Hospital (general, special, psychiatric, rehabilitation)	\$4,000	\$5,000
Other	*	\$1,000

\*Not currently specified in rule. These facilities have been charged 1,000 for an inspection fee.

### **Federal Standards Statement**

The initial licensing application, licensing renewal and inspection fees proposed herein are determined in accordance with the cost to the State to carry out its licensure and inspection responsibilities. The proposed amendments do not relate to, and thus do not exceed, any Federal standards or requirements. Thus, no Federal standards analysis is necessary.

### **Jobs Impact**

The Department does not anticipate that any jobs will be generated or lost as a result of the proposed amendments, which address only licensure and inspection fees. However, it should be noted that the removal of CN requirements from most service and facility types has led to an expansion both in the number of new providers, as well as existing providers expanding services or initiating new services. This is expected to continue to lead to a general increase in jobs in the health care sector.

### **Agriculture Industry Impact**

The amendments to the licensure rules proposed herein will have no impact on agriculture in the State of New Jersey.

### **Regulatory Flexibility Analysis**

Some assisted living residences, comprehensive personal care homes, and ambulatory care facilities may be considered to be small businesses as the term is defined in the New Jersey Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The proposed fee increases will impose no additional recordkeeping or reporting requirements on these facilities. To the extent that fees are category specific, they tend to reflect the size and activity of the facility, and the rules provide differentiation accordingly. Hospitals and rehabilitation hospitals are not considered small businesses

and therefore are exempt from the regulatory flexibility analysis, although there are also no additional recordkeeping or reporting requirements for these facility types. No added professional services will be required by any facility as a result of the proposed amendments.

### **Smart Growth Impact**

The proposed amendments shall not have an impact on the achievement of smart growth and the implementation of the State Development and Redevelopment Plan.

**Full text** of the proposal follows (additions indicated in boldface **thus:** deletions indicated in brackets [thus]):

## **CHAPTER 36 STANDARDS FOR LICENSURE OF ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES, AND ASSISTED LIVING PROGRAMS**

### **8:36-2.2            Application for licensure**

(a)-(c) (No change.)

(d) The Department shall charge a nonrefundable fee of \$[1,000 plus \$10.00] **1,500 plus \$15.00** per bed (for the number of license beds) for the filing of an application for licensure and each annual renewal of an assisted living residence or comprehensive personal care home. The facility shall apply for a license for the maximum number of beds available in its residential units. These fees shall not exceed the maximum caps set forth at N.J.S.A. 26:2H-12, as may be amended from time to time. The application shall include, but not be limited to, the following:

1-8. (No change.)

(e) The Department shall charge a nonrefundable fee of \$[500.00] **750.00** for the filing of an application to add bed or non-bed related services to an existing assisted living residence or comprehensive personal care home.

(f) The Department shall charge a nonrefundable fee of \$[250.00] **375.00** for the filing of an application to reduce bed or non-bed related services at an existing assisted living residence or comprehensive personal care home.

(g) The Department shall charge a nonrefundable fee of \$[250.00] **375.00** for the filing of an application for the relocation of an assisted living residence or comprehensive personal care home.

(h) The Department shall charge a nonrefundable fee of \$[1,000] **1,500** for the filing of an application for the transfer of ownership of an assisted living residence or comprehensive personal care home.

(i) (No change.)

(j) The Department shall charge a nonrefundable fee of \$[750.00] **1,125** for the filing of an application for licensure and each annual renewal of an assisted living program. The application shall include, but not be limited to the following:

1-3. (No change.)

(k)-(l) (No change.)

(m) Each assisted living residence and comprehensive personal care home shall be assessed a biennial inspection fee of \$[1,000] **1,500**. This fee shall be assessed in the year for facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. It shall not be imposed for any other type of inspection.

(n) Each assisted living program shall be assessed a biennial inspection fee of \$[500.00] **750.00**. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if

inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. It shall not be imposed for any other type of inspection.

## **CHAPTER 39 STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES**

### **8:39-2.2            Application for licensure**

(a)            (No change.)

(b) The Department shall charge the following nonrefundable fees:

Annual licensure fee (new and renewal)	<del>\$(1,000)</del> <b><u>1,500</u></b> plus <del>\$(10.00)</del> <b><u>15.00</u></b> per bed
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Add-a-bed	<del>\$(1,000)</del> <b><u>1,500</u></b> plus <del>\$(10.00)</del> <b><u>15.00</u></b> per additional bed
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Hemodialysis provided by the LTC facility	<del>\$(750.00)</del> <b><u>1,125</u></b>
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Hemodialysis provided by a separate provider	<del>\$(500.00)</del> <b><u>750.00</u></b>
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Relocation of a facility (within the same county)	<del>\$(250.00)</del> <b><u>375.00</u></b>
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Transfer of ownership (includes initial licensure fee)	<del>\$(2,000)</del> <b><u>2,500</u></b> plus <del>\$(10.00)</del> <b><u>15.00</u></b> per bed
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Neither the maximum annual licensure fee nor the fee for transfer of ownership for any single facility shall exceed \$4,000.

(c)-(e)        (No change.)

### **8:39-2.11            Add-a-bed**

(a) (No change.)

(b) The Department shall charge a nonrefundable fee of \$[1,000] **1,500** plus \$[10.00] **15.00** per additional bed for the filing of an application to add beds to increase a facility's total licensed capacity. Applicants shall contact the Long Term Care Licensing and Certification Program at (609) 633-9042 to obtain Add-a-bed application forms. The completed forms, along with scaled floor plans and the appropriate fee, must be forwarded to the Department at the following address:

Director  
Long Term Care Licensing and Certification Program  
New Jersey Department of Health and Senior Services  
P.O. Box 367  
Trenton, New Jersey 08625-0367

(c) (No change.)

**8:39-2.12 Transfer of ownership**

(a) (No change.)

(b) Prior to transferring ownership of a facility, the prospective new owner shall submit an application to the Long Term Care Licensing and Certification Program. The application shall include the following items:

1. The transfer of ownership fee of \$[2,000] **2,500** plus \$[10] **15.00** per bed, in accordance with N.J.A.C. 8:39-2.2(b);

2-5. (No change.)

(c)-(h) (No change.)

**CHAPTER 43  
STANDARDS FOR LICENSURE OF  
RESIDENTIAL HEALTH CARE FACILITIES**

**8:43-2.1 Application for licensure**

(a) (No change.)

(b) The Department shall charge a nonrefundable fee of \$[150.00] **225.00** plus \$[10.00] **15.00** per bed for the filing of an application for licensure and each annual renewal of a residential health care facility. These fees shall not exceed the maximum caps as set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(c) (No change.)

(d) The Department shall charge a nonrefundable fee of \$[500.00] **750.00** for the filing of an application to add bed or non-bed related services to an existing residential health care facility.

(e) The Department shall charge a nonrefundable fee of \$[100.00] **150.00** for the filing of an application to reduce bed or non-bed related services at an existing residential health care facility.

(f) The Department shall charge a nonrefundable fee of \$[250.00] **375.00** for the filing of an application for the relocation of a residential health care facility.

(g) The Department shall charge a nonrefundable fee of \$[500.00] **750.00** for the filing of an application for the transfer of ownership of a residential health care facility. All provisions of this section shall apply to applications for transfer of ownership.

(h) (No change.)

(i) Each residential health care facility shall be assessed a biennial inspection fee of \$[300.00] **450.00**. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.

## **CHAPTER 43A**

### **MANUAL OF STANDARDS FOR**



## LICENSURE OF AMBULATORY CARE FACILITIES

### 8:43A-2.2      Application for licensure

(a)      (No change.)

(b) The Department shall charge separate nonrefundable fees for the filing of an application for licensure and for each annual licensure renewal, of an ambulatory care facility in accordance with the following schedule:

<u>Service</u>	<u>Application</u>	<u>Renewal</u>
1. Chronic dialysis	[\$2,500] <u>4,000</u>	[\$2,500] <u>4,000</u>
2. Ambulatory surgery	[\$2,500] <u>4,000</u>	[\$2,500] <u>4,000</u>
3. Magnetic resonance imaging	[\$2,000] <u>4,000</u>	[\$1,000] <u>4,000</u>
4. Computerized <u>axial</u> tomography	[\$2,000] <u>4,000</u>	[\$1,000] <u>4,000</u>
5.-7. (No change.)		
8. Birth <u>center</u>	\$1,750	\$750.00
9. [ESWL] <u>Extracorporeal shock wave lithotripsy</u>		
	[\$1,750] <u>4,000</u>	[\$750.00] <u>4,000</u>
10. Comprehensive <u>outpatient</u> rehabilitation	\$1,750	\$750.00
11.-13. (No change.)		
14. Megavoltage radiation oncology	[\$2,500] <u>4,000</u>	[\$2,500] <u>4,000</u>
<u>15. Orthotripsy</u>	<u>\$4,000</u>	<u>\$4,000</u>
<u>16. Positron emission tomography</u>	<u>\$4,000</u>	<u>\$4,000</u>
<u>17. Sleep center</u>	<u>\$4,000</u>	<u>\$4,000</u>

(c)-(d)      (No change.)

(e) In the event that an ambulatory care facility is at any time approved by the Commissioner to provide a service other than those specifically listed in this section, the application and license renewal fees for such service shall be [\$1,750] 3,500 and [\$750.00] 2,500, respectively, unless the Commissioner, by regulation, specifically designates some other fee(s).

(f)-(g) (No change.)

(h) The Department shall charge a nonrefundable fee of \$[250.00] **375.00** for the filing of an application to reduce services at an existing ambulatory care or satellite facility.

(i) The Department shall charge a nonrefundable fee of \$[1,000] **1,500** for the filing of an application for the transfer of ownership of an ambulatory care or satellite facility.

(j) The Department shall charge a nonrefundable fee of \$[250.00] **375.00** for the filing of an application for the relocation of an ambulatory care or satellite facility.

(k) (No change.)

(l) [All] **In accordance with N.J.A.C. 8:33-4.10(d)1 through 11, all** applicants must demonstrate that they have the capacity to operate an ambulatory care facility in accordance with the rules in this chapter. An application for a license may be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that there is reasonable assurance that the health care facility will be operated in accordance with the standards required by these rules. The Department may consider an applicant's prior history in operating a health care facility either in New Jersey or in other states in making this determination. Any evidence of licensure violations representing a serious risk of harm to patients may be considered by the Department, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.

(m) Each ambulatory care facility shall be assessed a biennial inspection fee in accordance with the schedule set forth below. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.

<u>Service</u>	<u>Inspection Fee</u>
1.-2. (No change.)	
3. Magnetic resonance imaging.....	[\$1,000] <b><u>2,000</u></b>
4. Computerized <b><u>axial</u></b> tomography.....	[\$1,000] <b><u>2,000</u></b>
5.-7. (No change.)	
8. Birth <b><u>center</u></b> .....	\$200.00
9. [ESWL] <b><u>Extracorporeal shock wave lithotripsy</u></b> ...	[\$1,000] <b><u>2,000</u></b>
10.-13. (No change.)	
14. Megavoltage radiation oncology.....	[\$2,500] <b><u>2,000</u></b>
<b><u>15. Orthotripsy</u></b> .....	<b><u>\$2,000</u></b>
<b><u>16. Positron emission tomography</u></b> .....	<b><u>\$2,000</u></b>
<b><u>17. Sleep center</u></b> .....	<b><u>\$1,000</u></b>
<b><u>18. Other</u></b> .....	<b><u>\$1,000</u></b>

**CHAPTER 43F  
STANDARDS FOR SERVICES AND LICENSURE  
OF ADULT AND PEDIATRIC DAY HEALTH CARE FACILITIES**

**8:43F-1.3          Licensure application procedures and requirements**

(a) Any person, organization, or corporation desiring to operate an adult or pediatric day health services facility shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from:

Director  
Long Term Care Licensing and Certification  
Division of Long Term Care Systems  
New Jersey Department of Health and Senior Services  
PO Box 367  
Trenton, NJ 08625-0367

1. The Department shall charge a nonrefundable fee of \$[1,000] **1,500 plus \$10.00 per slot** for the filing of an application for licensure and \$[1,000] **1,500 plus \$10.00 per slot** for each annual renewal thereof.

2. The Department shall charge a nonrefundable fee of \$[1,000] **1,500 plus \$10.00 per additional slot** to add services or program slots to an existing adult or pediatric day health services facility.

3. The Department shall charge a nonrefundable fee of \$[250.00] **375.00** for the filing of an application to reduce services at an existing adult or pediatric day health services facility.

4. The Department shall charge a nonrefundable fee of \$[250.00] **375.00** for the filing of an application for the relocation of an adult or pediatric day health services facility.

5. The Department shall charge a nonrefundable fee of \$[1,000] **1,500** for the filing of an application for the transfer of ownership of an adult or pediatric day health services facility.

6. (No change.)

7. Each adult and pediatric day services facility shall be assessed a biennial inspection fee of \$[300.00] **450.00**. This fee shall be assessed in the year the facility will be inspected along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in nonrenewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.

## **CHAPTER 43G HOSPITAL LICENSING STANDARDS**

### **8:43G-2.2      Application for licensure**

(a)      (No change.)

(b) The Department shall charge a nonrefundable fee of \$[8,000] **10,000** for the filing of an application for licensure and each annual renewal of a general acute care, special, or psychiatric hospital. These fees shall not exceed the maximum caps as set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(c) The Department shall charge a nonrefundable fee of \$[2,000] **3,000** for the filing of an application to add services to an existing general acute care, special, or psychiatric hospital.

(d) The Department shall charge a nonrefundable fee of \$[250.00] **375.00** for the filing of an application to reduce services at an existing general acute care, special or psychiatric hospital.

(e) The Department shall charge a nonrefundable fee of \$[1,000] **1,500** for the filing of an application for the relocation of a general acute care, special or psychiatric hospital.

(f) The Department shall charge a nonrefundable fee of \$[1,000] **1,500** for the filing of an application for the transfer of ownership of a general acute care, special or psychiatric hospital.

(g) Each general acute care, special, and psychiatric hospital shall be assessed a biennial inspection fee of \$[4,000] **5,000**. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.

(h)-(j) (No change.)

## **CHAPTER 43H MANUAL OF STANDARDS FOR LICENSURE OF REHABILITATION HOSPITALS**

### **8:43H-2.5      Licensure application**

(a ) The applicant shall submit to the Department a non-refundable fee of \$[8,000] **10,000** for the filing of an application for licensure of a rehabilitation hospital and a non-refundable \$[8,000.00] **10,000** for the annual renewal of the license. First time licensure applicants shall pay both the new facility fee and the non-refundable biennial inspection fee of

\$[4,000] **5,000** upon filing an application. Renewal applicants will be subject to the biennial fee in accordance with the Department's inspection schedule.

(b)-(h) (No change.)

**(i) Each rehabilitation hospital shall be assessed a biennial inspection fee of \$5,000. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.**

**(j) The Department shall charge a non-refundable fee of \$3,000 for the filing of an application to add services to an existing comprehensive rehabilitation hospital.**

**(k) The Department shall charge a non-refundable fee of \$375.00 for the filing of an application to reduce beds or services at an existing comprehensive rehabilitation hospital.**

**(l) The Department shall charge a non-refundable fee of \$1,500 for the filing of an application for the relocation of a comprehensive rehabilitation hospital.**

**(m) The Department shall charge a non-refundable fee of \$1,500 for the filing of an application for the transfer of ownership of a comprehensive rehabilitation hospital.**